

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hmo</i>		<i>4/1/00</i>
O.I.P.E. CLASSIFIER	<i>71</i>	<i>1695716</i>	<i>5/25/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓ 2/2/00
2	✓ 2/2/00
3	✓ 2/2/00
4	✓ 2/2/00
5	✓ 2/2/00
6	✓ 2/2/00
7	✓ 2/2/00
8	✓ 2/2/00
9	✓ 2/2/00
10	✓ 2/2/00
11	✓ 2/2/00
12	✓ 2/2/00
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14	✓ 2/2/00
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37	✓ 2/2/00
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44	✓ 2/2/00
45	✓ 2/2/00
46	✓ 2/2/00
47	✓ 2/2/00
48	✓ 2/2/00
49	✓ 2/2/00
50	✓ 2/2/00

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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